

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS  
FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE

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FEB 29 2012

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Garrick

Martin

BY: J. H. W.

W.

1. Office, Agency, or Court

Agency Name

California State Legislature

Division, Board, Department, District, if applicable

74th State Assembly District

Your Position

Assemblyman

► If filing for multiple positions, list below or on an attachment.

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is / / , through December 31, 2011.

☐ Leaving Office: Date Left / / (Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is / / , through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 21

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/29/2012  
(month, day, year)

Signature

# SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests  
(Ownership Interest is Less Than 10%)  
Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Martin Garrick

► NAME OF BUSINESS ENTITY  
Chevron Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Energy

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Medronic, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Medical Technology

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
G.E. Company

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Industrials

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Microsoft Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Technology

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
12/20/11      11/30/11  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Kimberly Clark Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Consumer Staples

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Proctor & Gamble, Co

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Consumer Discretionary

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_  
 (Describe)  
☐ Partnership      ☐ Income Received of \$0 - \$499  
                                  ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

Comments: The above stocks are those of spouse, Jane Garrick, and represents separate property

**SCHEDULE A-1**  
**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Martin Garrick

▶ NAME OF BUSINESS ENTITY <u>Tiffany &amp; Company</u>	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Consumers Discretionary</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE: ____/____/11      ____/____/11 ACQUIRED      DISPOSED	

▶ NAME OF BUSINESS ENTITY <u>Auga Mansa Properties, Inc.</u>	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Construction Material Dept</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE: ____/____/11      ____/____/11 ACQUIRED      DISPOSED	

▶ NAME OF BUSINESS ENTITY <u>Wal Mart Stores</u>	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Consumer Goods</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE: ____/____/11      ____/____/11 ACQUIRED      DISPOSED	

▶ NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE: ____/____/11      ____/____/11 ACQUIRED      DISPOSED	

▶ NAME OF BUSINESS ENTITY <u>Wells Fargo &amp; Co.</u>	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Financial</u>	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE: ____/____/11      ____/____/11 ACQUIRED      DISPOSED	

▶ NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE: ____/____/11      ____/____/11 ACQUIRED      DISPOSED	

Comments: The above stocks are those of spouse, Jane Garrick, and represent separate property

**SCHEDULE A-1**  
**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Martin Garrick

<p>▶ NAME OF BUSINESS ENTITY <u>Realty Income Corp</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>R.E.I.T.</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock    <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                                  <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED                  DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Federal National Mortgage Assoc</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Mortgages</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock    <input checked="" type="checkbox"/> Other <u>Bonds</u> _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                                  <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED                  DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>Ford Motor Company</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Automobile</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock    <input checked="" type="checkbox"/> Other <u>Bonds</u> _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                                  <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED                  DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY <u>Frederick's Fund IV</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Limited Partnership</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input checked="" type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock    <input type="checkbox"/> Other _____ (Describe) <input checked="" type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                                  <input checked="" type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED                  DISPOSED</p>
<p>▶ NAME OF BUSINESS ENTITY <u>General Motors</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Automobile</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock    <input checked="" type="checkbox"/> Other <u>Bonds</u> _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                                  <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED                  DISPOSED</p>	<p>▶ NAME OF BUSINESS ENTITY</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock    <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                                  <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED                  DISPOSED</p>

Comments: See schedule C

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Martin Garrick

**1. BUSINESS ENTITY OR TRUST**

Admiral Property Company

Name

PO Box 881, Solana Beach, CA 92075

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE    IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999           /        / 11           /        / 11

☐ \$2,000 - \$10,000    ACQUIRED    DISPOSED

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

NATURE OF INVESTMENT

☒ Sole Proprietorship    ☐ Partnership    ☐ Held in trust    Other

YOUR BUSINESS POSITION President

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499    ☐ \$10,001 - \$100,000

☐ \$500 - \$1,000    ☒ OVER \$100,000

☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

See attached list

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☒ REAL PROPERTY

7020/7030 Alamos Ave, San Diego CA 92154

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Property management of multi-tenant us facilities

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE    IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000           /        / 11           /        / 11

☐ \$10,001 - \$100,000    ACQUIRED    DISPOSED

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    Yrs. remaining    ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE    IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999           /        / 11           /        / 11

☐ \$2,000 - \$10,000    ACQUIRED    DISPOSED

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Sole Proprietorship    ☐ Partnership    ☐ Other

YOUR BUSINESS POSITION

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499    ☐ \$10,001 - \$100,000

☐ \$500 - \$1,000    ☐ OVER \$100,000

☐ \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT    ☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE    IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000           /        / 11           /        / 11

☐ \$10,001 - \$100,000    ACQUIRED    DISPOSED

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold    Yrs. remaining    ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: Company's ownership held in member's living trust

**ADMIRAL PROPERTY COMPANY TENANT LIST**

**2011**

**REMCOR TECHNICAL INDUSTRIES, INC.  
RON MUELLER**

**SD FRESH PRODUCTS  
CATHY GONZALEZ**

**FEDERAL RESOURCE SUPPLY COMPANY  
JOEL LOPEZ**

**CARLRIGHT METROLOGY  
RICK REISBERG**

**SNACK EXPORT INC.  
RAMON VAZQUEZ**

**ANGUIANO CONSULTING  
MELISA CARSON**

**DEL MAR PENINSULA  
LOURDES ARJONA**

**INK IT  
MARIO GUERRA**

**PRISM MARITIME  
VICTORIA DEWEY**

**DEL REAL  
DAVID DEL REAL GOMEZ**

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Martin Garrick

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

4940 El Acebo

CITY

Rancho Santa Fe, CA 92067

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED

\_\_\_\_/\_\_\_\_/11  
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

No renter occupied the unit throughout 2011.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

7020/7030 Alamitos Ave

CITY

San Diego, CA 92154

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/11  
ACQUIRED

\_\_\_\_/\_\_\_\_/11  
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

List of tenants included

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: All property held in member's living trust

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name Martin Garrick

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

**Comments:** Property Company held in member's living trust



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Martin Garrick

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Solana Beach School District</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>309 N. Rios Ave., Solana Beach, CA 92075</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Elementary school</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Teacher</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City _____ <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	---

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Martin Garrick

► NAME OF SOURCE

California Psychological Association

ADDRESS (Business Address Acceptable)

1231 "I" St #204 Sacramento, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Mental health conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 8 / 11	\$ 25.00*	Lunch
/  /	\$	
/  /	\$	

► NAME OF SOURCE

San Diego Sheriff's Association

ADDRESS (Business Address Acceptable)

13881 Danielson Ave, Poway 92064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 8 / 11	\$ 25.00*	Assoc logo bottled bevrg
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Governors Inaugural Committee, Inc.

ADDRESS (Business Address Acceptable)

11355 W. Olympic Blvd, Los Angeles 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Governor's celebration

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 3 / 11	\$ 44.42	Gov Inaugural Celebrati
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Office of Senator Mark Wyland

ADDRESS (Business Address Acceptable)

1910 Palomar Point Way, #105 Carlsbad 92008

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legislative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 16 / 11	\$ 125.00	Padre box ticket, CRP
9 / 16 / 11	\$ 20.00	Parking pass, CRp
9 / 16 / 11	\$ 125.00	Padre ticket, spouse

► NAME OF SOURCE

Oceans Eleven via Jerry Aleva

ADDRESS (Business Address Acceptable)

121 Brooks St. Oceanside, CA 92056

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 11	\$ 25.00*	Lunch meeting
/  /	\$	
/  /	\$	

► NAME OF SOURCE

Poseidon Resources \*\*

ADDRESS (Business Address Acceptable)

501 W. Broadway #2020, San Deigo CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Desalination, lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 19 / 11	\$ 35.00	Lunch meeting
/  /	\$	
/  /	\$	

Comments: \* Good faith estimate; \*\* San Diego Tax Payers Associtaion Event-Regional Mayors lunch

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Martin Garrick

► NAME OF SOURCE

ALS Association\*

ADDRESS (Business Address Acceptable)

PO Box 565, Agoura Hills 91376

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 8 / 11	\$ 63.16	Food and beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Agriculture Leadership Foundation

ADDRESS (Business Address Acceptable)

425 W. Blanco Road, Salinas 93908

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 26 / 11	\$ 53.00	Food and beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CalChamber

ADDRESS (Business Address Acceptable)

1215 K Street, 14th Floor Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 11 / 11	\$ 21.17	Food and beverage
1 / 13 / 11	\$ 55.52	Food and beverage
/ /	\$	

► NAME OF SOURCE

BayBio

ADDRESS (Business Address Acceptable)

400 Oyster Point Blvd, Suite 221 San Francisco 9408

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 118.11	Food and beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Association of Nurseries & Garden Centers

ADDRESS (Business Address Acceptable)

1521 I Street, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 17 / 11	\$ 400.00	Shamrocks*
/ /	\$	
/ /	\$	

► NAME OF SOURCE

CA Health care Institute

ADDRESS (Business Address Acceptable)

1215 K Street, Suite 940 Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 118.11	Food and beverage
/ /	\$	
/ /	\$	

Comments: \* ALS stands for Amyotrophic lateral sclerosis - fighting Lou Gehrig's disease; Shamrocks distributed to members during Irish Day

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Martin Garrick

► NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Park Plaza Dr. Sacramento 9583

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 75.45	Food and beverage
4 / 14 / 11	\$ 124.43	Food and beverage
/  /	\$	

► NAME OF SOURCE

Farmers Insurance Exchange

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 112, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 30 / 11	\$ 150.00	Viewing ticket
4 / 12 / 11	\$ 57.65	Food and beverage
/  /	\$	

► NAME OF SOURCE

New Car Dealers Association

ADDRESS (Business Address Acceptable)

1415 L Street, Suite 700, Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 29 / 11	\$ 107.52	Food and beverage
/  /	\$	
/  /	\$	

► NAME OF SOURCE

CTIA - The Wireless Connection Association

ADDRESS (Business Address Acceptable)

400 16th Street, NW, Suite 600 Washington DC 2003

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 23 / 11	\$ 96.92	Food and beverage
/  /	\$	
/  /	\$	

► NAME OF SOURCE

National Federation of Independent Business

ADDRESS (Business Address Acceptable)

921 11th Street, Suite 400 Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 26 / 11	\$ 38.27	Food and beverage
3 / 29 / 11	\$ 67.24	Food and beverage
/  /	\$	

► NAME OF SOURCE

Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)

1201 K Street, Suite 1220 Sacramento 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 23 / 11	\$ 41.68	Food and beverage
4 / 13 / 11	\$ 25.40	Food and beverage
/  /	\$	

Comments:

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Martin Garrick

► NAME OF SOURCE  
California Healthcare Institute\*

ADDRESS (Business Address Acceptable)  
1215 "K" St. #940, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health, lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 27.55</u>	<u>Lunch event</u>
<u>11 / 14 / 11</u>	<u>\$ 27.55</u>	<u>Lunch event, spouse</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Astellas Pharma US

ADDRESS (Business Address Acceptable)  
Three Parkway North, Deerfield IL 60015

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pharmaceuticals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 27.55</u>	<u>Dinner event</u>
<u>11 / 14 / 11</u>	<u>\$ 27.55</u>	<u>Dinner event, spouse</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)  
1201 K ST. #1220, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Insurance, lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 17 / 11</u>	<u>\$ 113.99</u>	<u>Dinner event</u>
<u>11 / 17 / 11</u>	<u>\$ 107.23</u>	<u>Dinner event, spouse</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
California Manufacturing & Technology Association

ADDRESS (Business Address Acceptable)  
1115 Eleventh St. SAC, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Manufacturing lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 27.55</u>	<u>Dinner event</u>
<u>11 / 14 / 11</u>	<u>\$ 27.55</u>	<u>Dinner event, spouse</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Edwards Lifesciences

ADDRESS (Business Address Acceptable)  
One Edwards Way, Irvine CA 92614

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 11</u>	<u>\$ 27.56</u>	<u>Dinner event</u>
<u>11 / 14 / 11</u>	<u>\$ 27.56</u>	<u>Dinner event, spouse</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 

ADDRESS (Business Address Acceptable)  
 

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \*Event in conjunction w/Bell, McAndrews & Hiltachk, LLP, 455 Capitol Mall #600, SAC 95814

# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Martin Garrick
---

► NAME OF SOURCE  
 Roofing Contractors Association of California  
 ADDRESS (Business Address Acceptable)  
 2215 21st Street, Sacramento 95818  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 11 / 11	\$ 60.00	Food and beverage
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
 CA Independent Voter Project  
 ADDRESS (Business Address Acceptable)  
 101 West Broadway, Suite 1460 San Diego 92101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 11	\$ 124.43	Food and beverage
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
 UC San Diego  
 ADDRESS (Business Address Acceptable)  
 9500 Gilman Dr. La Jolla 92093  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 28 / 11	\$ 58.00	Food and beverage
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

► NAME OF SOURCE  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D

## Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Martin Garrick

<p>► NAME OF SOURCE <u>San Diego Regional Chamber of Commerce</u></p> <p>ADDRESS (Business Address Acceptable) <u>402 W. Broadway #1000, San Diego CA 92101</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Business advocacy; lobbyist employer</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>2 / 3 / 11</u></td> <td><u>\$ 45.00</u></td> <td><u>Food</u></td> </tr> <tr> <td><u>2 / 3 / 11</u></td> <td><u>\$ 6.00</u></td> <td><u>Parking</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>2 / 3 / 11</u>	<u>\$ 45.00</u>	<u>Food</u>	<u>2 / 3 / 11</u>	<u>\$ 6.00</u>	<u>Parking</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>► NAME OF SOURCE <u>Carlsbad Chamber of Commerce*</u></p> <p>ADDRESS (Business Address Acceptable) <u>5934 Priestly Dr., Carlsbad, CA 92008</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Small business advocacy</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>3 / 4 / 11</u></td> <td><u>\$ 175.00</u></td> <td><u>Installation event dinne</u></td> </tr> <tr> <td><u>3 / 4 / 11</u></td> <td><u>\$ 175.00</u></td> <td><u>Spouse</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>3 / 4 / 11</u>	<u>\$ 175.00</u>	<u>Installation event dinne</u>	<u>3 / 4 / 11</u>	<u>\$ 175.00</u>	<u>Spouse</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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<u>  /  /  </u>	<u>\$</u>	<u> </u>																							
<p>► NAME OF SOURCE <u>Vista Chamber of Commerce</u></p> <p>ADDRESS (Business Address Acceptable) <u>127 Main St., Vista, CA 92084</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Small business advocacy</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>2 / 4 / 11</u></td> <td><u>\$ 125.00</u></td> <td><u>Speaking event,dinner</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>2 / 4 / 11</u>	<u>\$ 125.00</u>	<u>Speaking event,dinner</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>► NAME OF SOURCE <u>Palomar Pomerado Health</u></p> <p>ADDRESS (Business Address Acceptable) <u>15255 Innovation Dr. San Diego CA 92128</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>4 / 1 / 11</u></td> <td><u>\$ 100.00</u></td> <td><u>Recognition dinner</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>4 / 1 / 11</u>	<u>\$ 100.00</u>	<u>Recognition dinner</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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<u>  /  /  </u>	<u>\$</u>	<u> </u>																							
<p>► NAME OF SOURCE <u>San Marcos Chamber of Commerce</u></p> <p>ADDRESS (Business Address Acceptable) <u>904 W. San Marcos Blvd, San Marcos CA 92078</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Small business advocacy</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>2 / 11 / 11</u></td> <td><u>\$ 50.00</u></td> <td><u>Installation lunch event</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>2 / 11 / 11</u>	<u>\$ 50.00</u>	<u>Installation lunch event</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<p>► NAME OF SOURCE <u>California Psychological Association</u></p> <p>ADDRESS (Business Address Acceptable) <u>1231 "I" St. #204, Sacramento, CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Mental health conference</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE (mm/dd/yy)</th> <th style="text-align: left;">VALUE</th> <th style="text-align: left;">DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td><u>4 / 8 / 11</u></td> <td><u>\$ 5.00**</u></td> <td><u>Speaking event, snack</u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> <tr> <td><u>  /  /  </u></td> <td><u>\$</u></td> <td><u> </u></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	<u>4 / 8 / 11</u>	<u>\$ 5.00**</u>	<u>Speaking event, snack</u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>	<u>  /  /  </u>	<u>\$</u>	<u> </u>
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Comments: \* Asm Garrick and his spouse Jane sat the NRG Energy table at the Carlsbad Chamber event. NRG, 5790 Fleet St. #200, Carlsbad, CA 92008.; \*\* Good faith estimate

Name

Martin Garrick

# **SCHEDULE D** **Income – Gifts**

**▶ NAME OF SOURCE**

Pala Band of Mission Indians

ADDRESS (Business Address Acceptable)

12196 Pala Mission Rd, Pala CA 92059

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 29 / 11	\$ 60.00*	Dinner reception
	\$	
	\$	

**▶ NAME OF SOURCE**

TERI, Inc. E. Pfleger Therapeutic Equestrian Center

ADDRESS (Business Address Acceptable)

251 Airport Rd. , Oceanside, CA 92058

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developmental Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 30 / 11	\$ 100.00	Fundraiser lunch
4 / 30 / 11	\$ 100.00	Fundrsr lunch,spouse
	\$	

**▶ NAME OF SOURCE**

Poseidon Resources\*\*

ADDRESS (Business Address Acceptable)

501 W. Broadway #2020, San Diego, CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Desalination; lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 19 / 11	\$ 150.00	Dinner event
	\$	
	\$	

**▶ NAME OF SOURCE**

San Diego County Medical Society

ADDRESS (Business Address Acceptable)

5575 Ruffin Rd, #250, San Diego, CA 92111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health / Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 4 / 11	\$ 150.00	Installation dinner
	\$	
	\$	

**▶ NAME OF SOURCE**

Associated Builders &amp; Contractors

ADDRESS (Business Address Acceptable)

13825 Kirkham Way, Poway CA 92064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 26 / 11	\$ 75.00	Anniversary dinner
8 / 26 / 11	\$ 75.00	Anniv dinner, spouse
	\$	

**▶ NAME OF SOURCE**

Gregg Short on behalf of Holes for Heroes

ADDRESS (Business Address Acceptable)

131 San Lucas Dr. Solana Beach, CA 92075

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Wastewise recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 11	\$ 75.00	Fundraising dinner
	\$	
	\$	

Comments: \* Good faith estimate; \*\*Event was sponsored by San Diego Tax Payers Association



# SCHEDULE D Income - Gifts

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name
Martin Garrick

► NAME OF SOURCE  
Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)  
PO Box 700, Del Mar 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Horse racing, lobbyist employer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 21 / 11</u>	<u>\$ 105.00</u>	<u>Race meet lunch</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Alzheimers Association

ADDRESS (Business Address Acceptable)  
6632 Convoy Court, San Diego 92111

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Family Support

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 03 / 11</u>	<u>\$ 300.00</u>	<u>Benefit fundraiser dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 

ADDRESS (Business Address Acceptable)  
 

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 

ADDRESS (Business Address Acceptable)  
 

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 

ADDRESS (Business Address Acceptable)  
 

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
 

ADDRESS (Business Address Acceptable)  
 

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments:

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Martin Garrick

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE	
San Diego Regional Airport Authority	
ADDRESS (Business Address Acceptable)	
PO Box 82116	
CITY AND STATE	
San Diego, CA 92101	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Airport Parking	
DATE(S): 01 / 01 / 11 - 12 / 31 / 10	AMT: \$ 3010.00
(If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	
Airport Parking for legislative business	
Limits do not apply	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S):     /     /     -     /     /	AMT: \$
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S):     /     /     -     /     /	AMT: \$
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S):     /     /     -     /     /	AMT: \$
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: \_\_\_\_\_



**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
CALIFORNIA FORM 700  
AMENDMENT

MAR 22 PM 1:05

**1. BUSINESS ENTITY OR TRUST**

Martin W. Garrick Trust

Name

PO Box 881

Address (Business Address Acceptable)

Check one

☒ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

\_\_\_\_/\_\_\_\_/11  
ACQUIRED

\_\_\_\_/\_\_\_\_/11  
DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ Trust

Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

No income

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☒ REAL PROPERTY

4940 El Acebo, Rancho Santa Fe, CA

Name of Business Entity, if Investment, or

Assessor's Parcel Number or Street Address of Real Property

Single family residence

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

\_\_\_\_/\_\_\_\_/11  
ACQUIRED

\_\_\_\_/\_\_\_\_/11  
DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**Filer's Verification**

Print Name Martin Garrick

Office, Agency or Court California State Legislature

Statement Type

☒ 2011/2012 Annual

☐ \_\_\_\_\_ Annual  
(yr)

☐ Assuming

☐ Leaving

☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California

(c)(1)

Date Signed

March 18, 2012  
(month, day, year)

Filer's Signature

[Redacted Signature]



## Independent Voter Project

Your reportable expenses for attendance at the IVP Business and Leadership Conference are as follows:

**Assembly Member Martin Garrick**

Accommodations	\$ 1,675.00
Sunday Opening reception: Fairmont Kea Lani	89.00 ✓
Tuesday Reception - Fairmont Kea Lani	18.75 ✓
Wednesday Dinner - Nick's Fishmarket	161.65
Thursday Closing Reception - Fairmont Kea Lani	<u>54.10</u> ✓

**Total Reportable Expenses** **\$ 1,998.50**

Please review these expenses and notify us if you did not attend one of the listed events.

**For Purposes of Reporting:**

**Independent Voter Project  
101 West Broadway, Suite 1460  
San Diego, CA 92101**

You should report on your Form 700 the gift from IVP was for "accommodations, meals and beverages, in connection with making a speech and participating in panel discussions, which is not subject to gift limits".

You may reimburse IVP for any or all of the above expenses on or before December 13, 2011 by mailing a check made out to IVP at the above address.

Please call Dan Howle, 916-505-7575 should you have any questions.

*Note:*

✓ = Martin Garrick & Jane Garrick  
did not attend - See attached

☐ STATE CAPITOL  
P.O. BOX 942849  
SACRAMENTO, CA 94249-0074  
(916) 319-2074  
FAX (916) 319-2174

☐ DISTRICT OFFICE  
1910 PALOMAR POINT WAY, SUITE 106  
CARLSBAD, CA 92008  
(760) 929-7998  
FAX (760) 929-7999

EMAIL  
assemblymember.garrick@assembly.ca.gov  
December 7, 2011

# Assembly California Legislature



**MARTIN GARRICK**  
ASSEMBLYMEMBER, SEVENTY-FOURTH DISTRICT

COMMITTEES  
VICE CHAIR: ACCOUNTABILITY AND  
ADMINISTRATIVE REVIEW  
GOVERNMENTAL ORGANIZATION  
HEALTH

Independent Voter Project  
Dan Howle  
101 West Broadway #1460  
San Diego, CA 92101

Dear Dan:

I wanted to express my sincere appreciation to you for all you did to make the IVP business and leadership conference in Hawaii meaningful. Jane and I really enjoyed it. Please find a check to IVP as reimbursement for expenses incurred during the conference.

Specifically, the enclosed personal check #5353 in the amount of \$1,925.65 covers:

- Accommodations \$1,675.00
- Sunday reception \$ 89.00
- Wednesday dinner \$ 161.65

Jane and I did not attend the Tuesday or Thursday closing reception. Please know that I am personally dropping this information off to you in today's mail box. Feel free to contact me with any questions and again, thank you for a stimulating conference.

Sincerely,

(c)(1)

Martin Garrick  
Assemblyman, District 74

Enclosure

16-547520-20 207  
16-547520-20 207

Pay to the order of Independent Voter Project \$ 79.  
One thousand nine hundred and fifty

\$1925.63



**Black & Veatch**  
 10000 E. 15th Avenue  
 Suite 100  
 Denver, CO 80202

(c)(1)

RE-Hi: GRIP 2011

FPPC FORM 700

The filer has made a good faith effort to identify, value and report all gifts, tickets, travel, meal, beverage, travel payments and reimbursements related to travel and attendance in connection with speeches, panels, seminars, workshops, receptions or other similar events received during the calendar year.

The filer has implemented a policy to track carefully and maintain a full and complete log of events attended; events at which the filer was provided meals, beverages or other benefits; and events at which the filer did not consume meals, beverages or other benefits.

The filer has relied in part for this tracking system upon the persons and entities providing gifts, tickets, food or meals and the like to provide confirmation of the event and valuation of gifts and benefits. Any omission from the reporting of gifts and other payments and reimbursements listed herein is inadvertent and wholly unintentional.

Name: MARTIN GARRICK  
(Print name)

Date: 2/24/12

Signature:

